



OPERATIONS IRAQI FREEDOM/

ENDURING FREEDOM REVIEW

Vol. 1, No. 1 Information for Veterans Who Served in Iraq and Afghanistan December 2003

Our Obligation

Let me remind you of the words of my great predecessor, General Omar Bradley: “We are dealing with veterans, not procedures: with their problems, not ours.” I place tremendous importance on meeting our obligations to veterans returning injured or wounded from combat or military operations. It will be difficult for any VA employee to be overzealous in servicing the casualties of the war in which we are now engaged. Conversely, we will have failed to meet our very reason to exist as a Department if a veteran is poorly served—or because we are acting in a routine, “business as usual” manner.



Anthony J. Principi
Secretary of Veterans Affairs

OIF/OEF Review – The Inaugural Issue

This newsletter is modeled on the Gulf War Review newsletter that was initiated by the Department of Veterans Affairs (VA) in 1992 in response to health concerns expressed by some Gulf War veterans and their families regarding the possible long-term medical consequences of military service in Southwest Asia.

Technically, the Gulf War era began on August 2, 1990, and continues through a date to be set by law or by Presidential Proclamation. On April 6, 1991, the first President Bush signed Public Law 102-25, which among other things established August 2, 1990, as the official starting date of the “Persian Gulf War.” That law also provides that the War would end “on the date hereafter prescribed by Presidential proclamation or by law.” To date, there has been no law or Presidential Proclamation.

In 1995, we included an article, entitled “Persian Gulf War – Is the End in Sight?” about this situation in our national Gulf War newsletter (Persian Gulf Review, December 1995, page 3). In reality, there have been two periods of combat in this region of the world: the first was Operations Desert Shield/Desert Storm in 1990-91, and the most recent is Operations Iraqi Freedom and Enduring Freedom that began in 2001 and 2003 respectively. While military personnel faced many of the same exposures and potentially hazardous substances, there are also differences.

Consequently, we decided that a separate and distinct publication focusing on the health and benefit concerns and problems of Operation Iraqi Freedom veterans and Operation Enduring Freedom veterans was called for. This newsletter is the product of that thinking.

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Two Years of Free VA Health Care Available for Combat Veterans, Including OIF and OEF Veterans

Military personnel who recently served in a combat zone or in an area of hostilities comparable to that seen during combat are now eligible for 2 years of free medical care from the Department of Veterans Affairs (VA) for most conditions.

“We are able to help the newest generation of combat veterans serving in Afghanistan and engaged in the war against terrorism in ways not available to previous generations of veterans,” said Secretary of Veterans Affairs Anthony J. Principi.

In the past, veterans have had to prove that a medical problem is connected to their military service to receive free VA care for that condition, or they must have relatively low incomes. Since November 11, 1998, however, VA has been authorized to provide free medical care for some veterans within 2 years after leaving active duty. Eligible veterans must have served in a combat zone or in an area and during a period of comparable hostilities. They do not have to prove either a service-connection for their health care problems or that they have low incomes. Operations Enduring Freedom and Iraqi Freedom veterans are the first large group of veterans to benefit from this policy change.

“The wounds of military conflicts are not always obvious,” said Principi. *“We must be ready to assist combat veterans who have medical problems that are unexplained or difficult to diagnose.”*

The benefit does not cover treatment for medical problems clearly unrelated to military service, such as care for common colds, injuries from accidents that happened after discharge from active duty, and disorders that existed before the person joined the military.

How It Works

To receive free medical care, veterans must be able to show that they served since November 11, 1998, in a theater of combat operations or in combat against a hostile force. The coverage lasts for 2 years after discharge from active duty. It applies to VA hospital care, outpatient services, and nursing home care.

“National Guard and Reserve personnel, who serve alongside their active duty comrades in combat will, in most cases, be eligible,” said Dr. Robert Roswell, VA’s Under Secretary for Health.

After 2 years, these veterans will be subject to the same eligibility and enrollment rules as other veterans.

“This benefit builds upon the lessons learned from the undiagnosed illnesses of Gulf War veterans and Vietnam veterans exposed to Agent Orange,” said Principi. *“Combat veterans should not wait for medical care while we weigh the evidence linking their problems to military service.”*

For additional information, see the following questions-and-answers and www.va.gov/environagents/docs/SpecialHCforCobatVetsd2.pdf.

VA Eligibility for Veterans of a Combat Theater or Equivalent Hostilities

Who is eligible for this care?

The care is available to veterans who served on active duty in a theater of combat operations in a period of war, after the Gulf War or in combat against a hostile force during “a period of hostilities” after November 11, 1998, in accordance with the guidelines issued by the Under Secretary for Health.

How does this help veterans?

It provides needed medical care for 2 years to veterans who served in a combat theater without requiring them to make a copayment for the care they receive, even without proof that their injury or illness was caused or aggravated by their military service.

What type of injuries and illnesses does this cover?

VA appreciates that many wounds are not always obvious and that unexplained or difficult to diagnose illnesses are often associated with military conflict. This benefit covers all illnesses and injuries except those clearly unrelated to military service, such as a common cold, injuries from accidents after discharge, or disorders that people had before joining the military.

How is this different from previous policy?

The key distinction is that these veterans will be provided free medical care immediately upon discharge and for a period of 2 years. They need not prove their injury or illness was connected to their service or show that they have a relatively low income or other grounds for eligibility. Previously, many of these veterans would be liable for a copayment until their illness or injury had been evaluated by VA and ruled to be a service-connected disability.

Under what authority can VA offer this care?

VA's policy is in accordance with the authority granted in section 102 of Public Law 105-368 as codified in Section 1710(e)(1)(D) of Title 38 of the United States Code.

Is this limited to hospital care?

No. The policy includes other appropriate medical care and nursing home care as well.

What is the effective date for establishing the 2-year time period?

The 2-year time period begins when the military member is discharged or retires from active duty.

Does receipt of care establish proof of a service-connected disability rating?

No. The care is designed to meet the medical needs of combat veterans for 2 years after they leave active duty. It is expected that during this time veterans' claims for disability compensation for these injuries, illnesses, or medical conditions will be adjudicated. If veterans' claims are approved as service connected, they will be placed in the appropriate priority group and continue to receive their care without a copayment. If their claim is disapproved, they may still be able to receive care, but they may be required to make a copayment for the services.

Does this include members of the National Guard and Reserve forces?

Yes. The policy also applies to National Guard and Reserve personnel who were activated and served in a theater of combat or in combat against a hostile force. Members of the Guard and Reserve forces must be ordered to active duty by a Federal declaration, serve the full period for which they were called or ordered to active duty, and be released, discharged, or retired under conditions other than dishonorable.

How is VA defining "hostilities?"

"Hostilities" is defined broadly as conflict in which the members of the Armed Forces are subjected to danger comparable to the danger they would face in a period of war. This definition includes many areas in the world where U.S. service members are deployed in addition to OIF and OEF. To determine whether a period of hostilities is within the scope of this special authority, VA relies upon the same legal authority and criteria used to determine eligibility for VA Readjustment Counseling Service (the VA "Vet Center" program).

Why has it taken almost 4 years for VA to implement this policy?

An initial directive was issued on March 23, 1999, 4 months after enactment of the law authorizing VA to provide

this care; the directive was disseminated to VA medical centers, detailing the policy. As troops began to deploy to Afghanistan and other places around the world in the war against terrorism, VA officials believed it would be helpful to provide further information about post-discharge benefits for veterans who served in a combat theater. For this reason, the Secretary has directed the publication of a follow-on directive to ensure that those who are eligible for this program get the word.

What happens to these veterans after the 2 years are up?

After 2 years, a veteran's copayment status will depend on whether their illness, injury, or medical condition was officially found by VA to be service-connected or whether they are otherwise qualified for care. They will be enrolled in the appropriate priority group for VA health care.

Veterans will be enrolled to the extent appropriations allow. For information regarding enrollment, see www.va.gov/elig/, contact the nearest VA health care facility, or call the VA Health Benefits Service Center at 1-877-222-8387.

VA's Under Secretary for Health Testifies on Efforts Towards a Seamless Transition For Returning Service Members

On October 16, 2003, Dr. Robert H. Roswell, VA's Under Secretary for Health testified before the House Committee on Veterans' Affairs during a hearing on the transition of returning service members from military to VA care. Dr. Roswell heads the Veterans Health Administration, which includes all VA medical centers and health care facilities. His prepared remarks follow.

We have been working hard both internally and with the Department of Defense (DoD) to improve coordination to identify the men and women returning from combat theaters and provide those discharged or needing VA services while on active duty with world-class VA service. Anyone who has been wounded or injured or has become ill in defense of our country deserves the best and most timely service possible from VA. As you know, these returning service members have high priority for access to VA care.

Recent media attention focused on returning service members whose interactions with VA were not acceptable. We have developed processes to try to prevent these types of situations from recurring, and, in

addition, we have implemented a number of longer-term strategies, policies, and procedures to provide timely, appropriate services to our returning service members.

Seamless Transition Taskforce

In August, the Under Secretary for Benefits and I charged a new VA Taskforce for the Seamless Transition of Returning Service Members to intensify and continue efforts to assure world class services are provided to our military and veterans. This taskforce, composed of VA senior leadership from key program offices as well as the VA/DoD Executive Council structure, is initially focusing on internal coordination efforts to ensure that VA approaches this mission in a comprehensive manner. An additional goal is improving dialogue and collaboration with DoD at all levels between our two departments, including the Military Services, Personnel and Readiness, Health Affairs, and Reserve Affairs. As an early focus, we are working closely with DoD to enhance our ability to identify and serve all returning service members that sustained injuries or illnesses while serving our country.

Thanks to the leadership of Dr. David Chu and Dr. Bill Winkenwerder, I am pleased to report that DoD transferred to VHA a roster of military personnel who served in the recent conflicts in Afghanistan and Iraq and subsequently separated from active duty. Our records indicate that of approximately 17,000 veterans listed in this initial roster, to date, about 2000 (12%) have sought health care from VA since separating from active duty for a wide variety of health problems. Of this group, most have been seen as outpatients.

Additionally, toward that end, working in collaboration with the military Surgeons General, who have been enthusiastic about improving coordination of care, the Veterans Benefits Administration (VBA) has detailed a full-time benefits counselor and the Veterans Health Administration (VHA) has detailed a full-time social worker to the Walter Reed Army Medical Center, the Military Treatment Facility (MTF) receiving the largest numbers of casualties. Beginning in late August, VHA social workers and VBA Veterans Service Representatives have also been assigned as VA/DoD Liaisons to the Brooke, Eisenhower, and Madigan Army Medical Centers; the National Naval Medical Center at Bethesda; and other MTFs receiving casualties. They work closely with military medical providers and social workers to assure that returning service members receive information and counseling about VA benefits and programs and to arrange for appropriate transfer of health care to VA facilities. Through this new collaboration, we have improved our ability to identify and serve returning service members

that sustained serious injuries or illnesses while serving our country.

The VA social workers augment the clinical coordination through discharge planning activities at these MTFs. They are tracking these patients as they transfer to VA care, with the assistance of identified points of contact at every VA facility. Prior to discharge from the MTFs, the social workers enroll those transferring to VA care in order to expedite the transfer. By having representatives on site at military treatment facilities, we have also been able to assist those from recent deployments who have come into the medical center on their own. Utilizing the new case management and coordination strategies developed with the military services at the 5 MTFs, since August 25, we have met with more than 150 patients, transferred over 30 and have over 30 patients pending transfer from these MTFs to VA. We are working to expand these efforts and have partnered with the Army Disabled Soldier Liaison Team to draft an agreement to standardize information transfer processes to sustain our progress. We believe these coordination and collaborative efforts have greatly improved and streamlined the transition for those seeking care through VA.

Further, we are working to improve our collaboration with DoD to enhance outreach to returning members of the Reserves and National Guard. Too often Reservists and National Guard personnel have not received timely information about the benefits and access to health care they have earned. To address this problem, working with DoD Health Affairs and DoD Reserve Affairs, we have jointly developed and distributed a new brochure summarizing the benefits available to this special population of veterans upon their return to civilian life. We have printed a million copies of this brochure to ensure the widest possible dissemination. It is also available on line at <http://www.va.gov/environagents/docs/SVABENEFITS.pdf>.

And we are actively working to ensure successful implementation of Public Law 105-368, authorizing VHA to provide health care for a two-year period to veterans who serve on active duty in a theater of combat operations during a period of war after the Gulf War, or in combat against a hostile force during a period of hostilities after November 1, 1998. Consequently those who have served or are now serving in Afghanistan and Iraq, will have a two-year period of access to free VA health care for conditions related to their combat service. We are aggressively outreaching to this group of current and former service members, including those who served in the National Guard and Reserves.

To ensure that our commitment is understood and shared at every level of the Department of Veterans Affairs, the Taskforce has developed a number of training materials for

staff including a script and video for front line staff to ensure that they can identify veterans who have served in a theater of combat operations and take the steps necessary to ensure they receive appropriate care. Through the Taskforce, each VHA facility and each VA regional office has identified a point of contact to coordinate activities locally and assure that the needs of these service members or veterans are met and that contact is made should the veteran relocate. Case management guidance has been produced and was recently distributed to VHA and VBA field staff to ensure that these processes and expectations are communicated. We are committed to reducing red tape and streamlining access to health care services and VA benefits programs for these veterans.

Veterans Outreach and Educational Activities

Earlier this year, the Secretary and I implemented the provisions in law necessary to open VA's Vet Centers to veterans returning from the current conflicts in Afghanistan and Iraq. As the community-based outreach arm of VHA, the Vet Centers have initiated outreach to area military installations and are closely coordinating their efforts with military family support services on the various military bases. In addition to community outreach to new veterans, the Vet Centers provide trauma counseling, family counseling, employment services and a range of social services to assist veterans in readjusting from war-time military service to civilian life. To date the Vet Centers have seen approximately 1,400 veterans from the conflicts in Iraq and Afghanistan. The Vet Centers also function as community points of access for many returning veterans, providing them with information and referrals to VA medical facilities for health care and VA regional offices for benefits issues.

Each VBA Regional Office assigns a point of contact to offer information on VA benefits and answer questions relating to benefits to wounded or injured veterans and their families. Case managers are assigned to process expeditiously claims for compensation or other benefits, ideally within 30 days of receipt.

VBA's Transition Assistance Program (TAP) disseminates information about VA benefits and services to separating and retiring service members. VBA military service coordinators have conducted several thousand briefings this fiscal year to service members, local Reserve Commands, and National Guard Units. VBA recently conducted a series of TAP briefings aboard the USS Constellation on its return to Honolulu from the Persian Gulf and will continue to support requests from the Department of Defense.

Surviving spouses, dependent children, and parents of military personnel, Reservists, and National Guard members

killed on active duty are provided specialized outreach services through our Casualty Assistance Program. Through this program, VBA works with military casualty assistance officers to schedule outreach visits with families. In addition, the Secretary recently authorized the VHA Readjustment Counseling Service to provide bereavement counseling to family members of active duty military personnel who are killed in the line of duty. Bereavement counseling is a natural extension of the core components of the Vet Center readjustment counseling service mission, which includes a welcoming consumer-oriented environment; recognition of veterans' service and sacrifice to country; ease of access via 206 conveniently located community-based facilities; maximum sensitivity to the need for confidentiality; and expertise in providing psychological trauma counseling to veterans' families.

In-service death claims for Dependency and Indemnity Compensation are generally processed within 48 hours of receipt. At the time of the initial outreach visit, family members are in an acute stage of grief and are not always able to absorb and understand the full range of benefits available to them. Accordingly, VBA initiates a 6-month follow up letter to surviving spouses and dependent children outlining benefits and services, which they may be ready to discuss in further detail at that later time. If requested, a second outreach visit is made.

Each separating or retiring service member also receives information from VA through the Veterans Assistance at Discharge System (VADS) when his or her DD 214, Discharge Certificate, is received by VA's Austin Automation Center directly from the military service departments. The initial "Welcome Home" letter includes a copy of VA Pamphlet 21-00-1, A Summary of VA Benefits; VA Form 21-0501, Veterans Timetable; and information on life insurance and education benefits, as applicable.

VHA is also partnering to conduct outreach by actively participating in discharge planning and orientation sessions for returning service members. Social Work Service, Readjustment Counseling Service, and other offices within VHA are involved in outreach activities. Posters, flyers, and information brochures are being produced to be distributed as well as posted in prominent places at VA medical centers and other VA offices explaining VA services to returning service members and "our newest veterans." As service members are discharged from the military, and VHA is made aware, staff is making contact with the individuals to explain local services available and welcome them home.

We testified before the Oversight and Investigations Subcommittee in early July on the longer-term strategies involving outreach that VA is pursuing to assure the best

possible care is provided to returning Iraqi Freedom and Afghanistan Enduring Freedom service members. Many of these efforts are coordinated with DoD under the umbrella of the Health Executive Council.

Any health or exposure data that DoD collects regarding the deployment of service members potentially will be useful to VA. Through the Deployment Health Work Group, we are actively engaged with DoD in obtaining as much deployment health and exposure information as possible. Members of the Work Group are charged with reviewing appropriate coordination of data on troop locations and the data collected as part of pre- and post-deployment health screening implemented by DoD in their Recruit Assessment Program. Further we are actively working with DoD to develop separation physical examinations that thoroughly document a veteran's health status at the time of separation from military service and that also met the requirements of the physical examination needed by VA in Connection with a veteran's claim for compensation benefits. We are optimistic that as a result of the improved collaboration between VA and DoD in these programs, we will be better positioned to evaluate health problems among service members and veterans after they leave military service, to address post-deployment health questions, and to document changes in health status for disability determination.

A critical outreach activity to veterans and families concerns the potential health effects of hazardous military deployments. In addition to VA's outreach efforts discussed above, VHA has produced a brochure that addresses the main health concerns for military service in Afghanistan, another brochure for the current conflict in the Gulf region and one recently distributed on health care for women veterans returning from the Gulf region. These brochures answer health-related questions that veterans, their families, and health care providers have about these hazardous military deployments. They also describe relevant medical care programs that VA has developed in anticipation of the health needs of veterans returning from combat and peacekeeping missions abroad. These are widely distributed to military contacts, veterans service representatives and are on VA's website.

Another challenge for outreach is to address the specific concerns of veterans and their families over the potential health impact of environmental exposures during deployment. Veterans also have questions about their symptoms and illnesses following deployment. These concerns are addressed through newsletters and fact-sheets to veterans covering health and compensation issues, including environmental health issues; regular briefings of veterans service organizations; organization of national meetings on health and research issues; media interviews;

other educational material and websites with information, like www.va.gov/environagents.

Other Long-Term Strategies

In addition to the outreach activities discussed above, our strategy to assist returning service members and veterans includes the following:

- In 2002, VA established two national centers for the study of war-related illness and post-deployment health issues in East Orange New Jersey, and Washington, DC, to provide specialized health care for veterans from all combat and peace-keeping missions who suffer difficult to diagnose but disabling conditions. These centers are available to eligible veterans from all eras, including the war in Afghanistan and Iraq. These centers also provide research and education programs for our health care providers.
- A screening instrument in the form of a clinical reminder triggered by the veteran's separation date is being implemented for returning Iraqi Freedom and Afghanistan veterans that present for care in VA. This assessment tool will prompt the provider with specific data requirements to assure that veterans are screened for medical and psychological conditions that may be related to recent combat deployment.
- VA has developed evidence based clinical approaches for treating veterans following deployment. These clinical practice guidelines (CPGs) give health care providers the needed structure, clinical tools, and educational resources that allow them to diagnose and manage patients with deployment-related health concerns. Two post-deployment CPGs have been developed in collaboration with DoD, a general purpose post-deployment CPG and a CPG for unexplained fatigue and pain. Our goal is that all veterans will find their VA doctors well informed about specific deployments and related health hazards. The VA website contains these CPGs as well as information about unique deployment health risks and new treatments.
- VA and DoD will soon release a new CPG on the management of traumatic stress. This guideline pools DoD and VA expertise to help build a joint assessment and treatment infrastructure between the two systems in order to coordinate primary care and mental health care for the purpose of managing, and, if possible, preventing acute and chronic Post Traumatic Stress Disorder (PTSD).

- The Veterans Health Initiative (VHI) is a program designed to increase recognition of the connection between military service and certain health effects; better document veterans' military and exposure histories; improve patient care; and establish a database for further study. The education component of VHI prepares VA healthcare providers to better serve their patients. A module was created on "Treating War Wounded," adapted from VHA satellite broadcasts in April 2003 and designed to assist VA clinicians in managing the clinical needs of returning wounded from the war in Iraq. Modules on spinal cord injury, cold injury, traumatic amputation, Agent Orange, the Gulf War, PTSD, POW, blindness/visual impairment and hearing loss, and radiation are available. We are developing additional modules on infectious disease health risks in Southwest Asia, military sexual trauma, traumatic brain injury, pulmonary diseases of military occupational significance, and Weapons of Mass Destruction Experiments and Exposures involving US veterans. Further, VA's National Center for PTSD has developed the Iraq War Clinician's Guide for use across VA. The website version, which can be found at WWW.NCPTSD.ORG, contains the latest fact sheets and medical literature available and is updated regularly. These important tools are integrated with other VA educational efforts to enable VA practitioners to arrive at a diagnosis more quickly and accurately and to provide more effective treatment.
- Section 110 of Public Law 98-528, as amended by section 206 of Public Law 106-117, established the Under Secretary for Health's Special Committee on PTSD. This group, composed of PTSD experts from across VA, is charged with reviewing VA's capacity to provide assessment and treatment for PTSD and guiding VA's educational, research, and benefits activities concerning PTSD. The Special Committee, which is currently meeting in Washington to develop the last of its four mandated annual reports, has provided specific, prioritized, proactive recommendations designed to build, integrate, and maintain the continuum of PTSD services needed by veterans, present and future.
- VA and DoD are closely collaborating to develop the ability to share medical information electronically. Since June 2002, the Departments have successfully been sharing electronic medical information. Key initiatives in the Electronic Health Records Plan are the Federal Health Information Exchange (FHIE) and HealthPeople (Federal). FHIE provides historical data on separated and retired military personnel from the DOD's Composite Health Care

System to the FHIE Data Repository for use in VA clinical encounters and potential future use in aggregate analysis. Patient data on laboratory results, radiology reports, outpatient pharmacy information, and patient demographics are now being sent from DoD to VA via secure messaging. This second phase of FHIE has been deployed and is operational at VA medical centers nationwide. It includes admission, discharge, transfer data, discharge summaries, allergies, and consult tracking.

Summary

A service member separating from military service and seeking health care through VA today will have the benefit of VA's decade-long experience with Gulf War health issues as well as the President's commitment to improving VA/DoD collaboration. VA has successfully adapted many existing programs, improved outreach, improved clinical care through practice guidelines and educational efforts, and improved VA health provider's access to DoD health records. Secretary Principi re-emphasized VA's commitment to returning combat veterans in a letter to all employees last August, in which he reminded us that every VA employee has an obligation to ensure that every veteran who is wounded, injured, or ill from training for, preparing for, or fighting for our war on terror receives priority service. In his words, "We will have failed to meet our very reason to exist as a Department if a veteran is poorly served." I agree with that, Mr. Chairman, and VA will continue to improve services and coordination to ensure that the needs of these service members are met.

Disability Compensation and Other Benefits for OIF and OEF Veterans

Like all veterans, Operation Iraqi Freedom and Operation Enduring Freedom veterans are eligible for monthly payments, called disability compensation, from VA if they are suffering with service-connected illnesses or injuries. The disability must have been incurred or aggravated during active military service. Furthermore, the service of the veteran must have been terminated from military service through separation or discharge under conditions that were other than dishonorable.

Disability compensation varies according to the degree of disability and the number of dependents. Benefits are not subject to Federal or state income tax. The receipt of military retirement pay, disability severance pay, and separation incentive payments known as SSB and VSI (Special

Separation Benefits and Voluntary Separation Incentives) also affects the amount of VA compensation paid.

The disability ratings range from 0 to 100 percent (in increments of 10 percent). For 2003, an OIF or OEF veteran with a disability rating of 10 percent receives \$104; a veteran with disability rating of 50 percent gets \$633; and a veteran who is totally disabled and evaluated at 100 percent receives \$2,193 monthly.

Veterans with disability ratings between 30 and 100 percent are eligible for monthly allowances for a spouse ranging from \$37 to \$125, and for each child, \$19 to \$64. (The amount depends on the disability rating.)

A veteran who is in need of regular aid and attendance of another person, or who is permanently housebound may be entitled to additional benefits. VA must make that determination before the veteran can get these benefits.

Compensation is not automatically provided to the OIF, OEF, or to other veterans. VA veterans service representatives (VSR) can provide the necessary application and assist veterans who need help in completing it. VSR's are located at all VA Regional Offices, in VA medical centers, and at most VA clinics. For help in locating a VSR near you, call the following toll-free telephone number: **1-800-827-1000**.

Other Benefits

In addition to the compensation program described above, individual OIF and OEF veterans may be eligible for the full range of other benefits offered by VA, including education and training, vocational rehabilitation, home loan guarantees, life insurance, pension, burial benefits, and more.

To learn more about VA's programs, OIF veterans and other interested parties can visit the VA home page <http://www.va.gov> or call **1-800-827-1000**.

Pneumonia Outbreak Raises Questions about the Health Risks for OIF Veterans

Severe cases of pneumonia, including an unusual number of deaths, has raised questions and concerns about the health consequences of military service in Southwest Asia, in general, and in Iraq, specifically.

From April to late August 2003, approximately 100 U.S. active duty troops in Southwest Asia were diagnosed with pneumonia or some form of respiratory ailment and 19 of them were found to have particularly severe conditions that required treatment with respirators.

Two of them later died. Both soldiers had served in Iraq.

Dr. Michael E. Kilpatrick, Department of Defense deputy director of deployment health support, noted that the rate of pneumonia in the number of deployed individuals (about 160,000) was not excessive, but that the number of severe cases was unusual. In addition, the cases were widely spread; almost always single cases were in units that were widely separated in space and time. Dr. Kilpatrick noted that the Army surgeon general's office found that the Army experiences 400-500 cases of pneumonia annually worldwide.

Dr. Kilpatrick reported that two medical teams were deployed to try to better understand the causes of the apparent pneumonia outbreak. They concluded that four of the 19 most serious cases were caused by bacterial infections. Dr. Kilpatrick indicated that the investigators were uncertain about the cause of the other 15 cases. There was no comparable pneumonia outbreak during or shortly following the 1990-91 Gulf War.

He pointed out that 10 of the service members diagnosed with pneumonia had taken up smoking again while they were deployed. He speculated that this could be a contributor to the cause of pneumonia (perhaps severe pneumonia) in some individuals.

DoD Issues Medical Advisory on Leishmaniasis; Blood Donations Halted

At least one chronic infectious disease, found in Southeast Asia, was definitely linked to military service in Gulf War during or shortly following the 1990-91 conflict: viscerotropic leishmaniasis. Approximately 32 Desert Shield/Storm veterans were diagnosed with this condition or a milder form of the illness: cutaneous leishmaniasis. Because of this, veterans from the first Gulf War (1990-91) were temporary excluded from donating blood, as a precaution.

Some observers wondered if this disease would affect the 2003 veterans as well. So far, cutaneous leishmaniasis has been seen in 150 OIF veterans. Department of Defense (DoD) and VA medical personnel are keeping a watchful eye on this issue.

Several months ago, on September 12, 2003, Dr. William Winkenwerder, Jr, Assistant Secretary for Defense, issued a medical advisory concerning the threat of leishmaniasis, an infectious disease diagnosed in a relatively small number of U.S. military veterans of Operations Desert Shield/Storm. Most of these 1990-91 veterans diagnosed with leishmaniasis suffered

cutaneous leishmaniasis. The memorandum addressed to the Secretaries of Military Departments and Chairman of the Joint Chiefs of Staff reads, in part, as follows:

Recent reports from Iraq have raised concerns regarding the potential impact of leishmaniasis on deployed personnel. Please give this advisory the widest possible distribution to installation and operational commanders and medical personnel.

Leishmaniasis is a preventable disease native to Iraq and other parts of Southwest Asia. Spread by sandflies (not person-to-person), the disease as found in Iraq presents itself in two forms. The skin form called cutaneous leishmaniasis (Baghdad Boil) causes mild to severe skin lesion that may take months to heal and may be permanently disfiguring, though highly effective treatment is available. The internal form called visceral leishmaniasis...[It] causes fever, weakness, wasting, an enlarged spleen, and a lowered blood count. If untreated, visceral leishmaniasis is generally fatal.

Currently, the greatest threat is in Central Iraq and the area around Baghdad with recent extensions into Southern provinces such as Dhi-qar and Al Basrah. Reports from some locations in Iraq indicate very heavy populations of sandflies, 2 to 3% of which carry the disease. Some service members at locations where sandfly numbers are high are reporting upwards of 100 bites per person.

So far, seven service members from Iraq and two from Afghanistan have been diagnosed with cutaneous leishmaniasis (the milder form) and successfully treated. Because the incubation period (the time for getting a sandfly bite to the development of disease) can be many months, it is also possible that deployed personnel may redeploy without knowing they are infected.

Given the potential severity of this disease, it is imperative that steps be taken to reemphasize procedures to reduce the risk of exposure and increase the awareness of possible infection with this disease. Personnel preparing for deployment should receive briefings on the disease and be provided with appropriate personal protective equipment including the use of DEET (chemical name, N,N-diethyl-meta-toluamide) and Permethrin treated uniforms, bed nets, and proper wear of the uniform to prevent sandfly bites. During deployment, command attention should be given to enforcing procedures that reduce exposure to sandflies and enhance awareness of the disease. Ongoing preventive medicine briefs to commanders and deployed personnel (re: the evolving threat and appropriate medical and environmental countermeasures) are essential....

About the "Review"

The "Operations Iraq Freedom/Operation Enduring Freedom Review" is written by VA's Environmental Agents Service (EAS) to provide information about the concerns of Operation Iraqi Freedom and Operation Enduring Freedom veterans, their families, and others interested in the possible long-term health consequences of military service in these recent military operations. The "Review" describes actions by VA and other Federal departments or agencies to respond to these concerns. For additional information and future issues of this newsletters and related information regarding the Gulf War, please see our Web site at www.va.gov/gulfwar.

EAS anticipates publication once or twice a year, depending on the amount of news on this subject and budgetary considerations. This issue was completed in early November 2003 and does not include developments that occurred after that time.

Comments, questions, and suggestions for future issues are encouraged and can be sent to the OIF/OEF Review, Donald J. Rosenblum, Deputy Director, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, D.C. 20420.

Requests for additional copies of this and/or future issues should also be sent to Mr. Rosenblum. Supplies are limited. Please specify the quantity and issue date requested.

(DoD Issues Medical Advisory, Continued)

Upon redeployment, personnel should receive information on how to access health care if they develop skin lesions or become ill....

To obtain a copy of this memorandum in its entirety and additional information on this subject, see www.pdhealth.mil or call **1-800-796-9699**. For a copy of a fact sheet on leishmaniasis, prepared by the U.S. Centers for Disease Control and Prevention, go to www.cdc.gov/ncidod/dpd/parasites/leishmania/factshtleishmania.htm.

Blood Donation Ban

In a related development, as a precautionary measure the Centers for Disease Control and Prevention have banned blood donations by all members of the military in Iraq for a year after they return home. A similar ban was implemented following the earlier conflict in Iraq because of concerns about leishmaniasis. Even without the leishmaniasis worries, some of these veterans who have been prohibited from donating blood because they were in places where malaria is common.

First Analysis of DOD Roster of Discharged OIF Veterans

A recent analysis of VA health care of veterans of Operation Iraqi Freedom (OIF) can be summarized as follows:

- Among 15,813 veterans of OIF who have separated from active military duty, approximately 12 percent have sought health care from VA.
- Veterans of OIF are presenting to VA with a wide range of both medical and psychological conditions.
- The health problems of veterans of OIF are similar to those found in other young military populations.
- To date, no unusual illnesses have been found among veterans of OIF.
- VA will continue to monitor the health status of recent Iraqi war veterans using updated rosters provided by DoD to ensure that VA tailors its health care programs to meet the needs of this unique veteran population.

WRIISC Offers Hope for All Combat Veterans with Unexplained Illnesses

VA health care providers occasionally see combat veterans with multiple unexplained symptoms or difficult-to-diagnose illnesses. Two new VA centers offer specialized evaluations for combat veterans with disabilities related to these illnesses.

In May 2001, Secretary of Veterans Affairs Anthony Principi approved two new War Related Illness and Injury Study Centers - WRIISC (pronounced "risk"). The WRIISCs opened at the VA Medical Centers in Washington, DC, and East Orange, NJ. Veterans who were deployed to combat zones, who served in areas where hostilities occurred, or who were exposed to environmental hazards may be eligible for services.

A referral for services at a WRIISC can be made after a veteran has had a comprehensive medical evaluation at their local VA Medical Center. The veteran's primary care provider must make all referrals to the WRIISC. Information on the referral process can be found at www.va.gov/environagents.

The WRIISCs also have programs engaged in scientific research on deployment health questions, such as war related illnesses and injuries, risk communication regarding deployment related hazards, and outreach education for VA patients and their families and health care providers.

Web Sites Provide Information About Programs For OIF and OEF Veterans

The VA Web site for Gulf War veterans (that is, www.va.gov/gulfwar) is presently serving as the Web site for the OIF newsletter. As more information regarding OIF veterans becomes available, we will consider establishment of a Web site devoted solely to the issues and concerns related to OIF veterans.

The VA Web site for and about OEF veterans is www.va.gov/environagents.

Q's and A's

The "Review" will occasionally include a questions-and-answers section in which VA officials respond to inquiries from readers regarding possible health problems and concerns of Operation Iraqi Freedom and Operation Enduring Freedom veterans and their families and about programs initiated by VA and other Federal departments and agencies to help these veterans.

Questions should be sent to Mr. Donald J. Rosenblum, Deputy Director, Environmental Agents Service (131), ATTN: OIF/OEF REVIEW - Q's & A's, 810 Vermont Avenue, N.W., Washington, DC 20420.

Where to Go for Information and Assistance

Active duty military personnel with questions or concerns about their service in Southwest Asia - contact your commanding officer or call the Department of Defense (DoD) Gulf War Veterans' Hotline (1-800-796-9699) for an examination. DoD has changed its "**Incidents Hotline**" to the "**Direct Veterans Hotline**" to more accurately reflect the work done by the Hotline's contact managers. The new toll-free number is 1-800-497-6261.

Operation Iraqi Freedom (OIF) veterans with concerns about their **health** - contact the nearest VA medical center. The telephone number can be found in the local telephone directory under Department of Veterans Affairs in the "U.S. Government" listings. A Gulf War Registry examination will be offered. Treatment will be provided to eligible veterans. The VA Gulf War Information Helpline can also provide the latest information and assistance. The toll-free telephone number is 1-800-PGW-VETS (1-800-749-8387).

Operation Enduring Freedom (OEF) veterans with concerns about their **health** - contact the nearest VA medical center. The telephone number can be found in the local telephone directory under Department of Veterans Affairs in the "U.S. Government" listings.

OIF and OEF veterans in need of **marital/family counseling** - contact the nearest VA medical center or VA vet center. For additional information, call the Gulf War Information Helpline at 1-800-PGW-VETS (1-800-749-8387).

OIF and OEF veterans seeking **disability compensation** for illnesses incurred in or aggravated by military service - contact a Veterans Services Representative at the nearest VA regional office or health care facility at 1-800-827-1000, or call the VA Gulf War Information Helpline at 1-800-PGW-VETS (1-800-749-8387).

OIF veterans seeking participation for their **spouses or children** in the VA-funded health examination program for spouses and children - call the VA Gulf War Information Helpline at 1-800-PGW-VETS (1-800-749-8387). Veterans interested in the alternative self-funded examination for spouses or children - contact the Gulf War Registry Coordinator at the nearest VA medical center for forms and information. There is no comparable program for the families of OEF veterans.

OIF and OEF veterans interested in learning about the wide range of **benefit programs** administered by VA - contact a Veterans Services Representative at the nearest VA regional office or health care facility at 1-800-827-1000, or call the VA Gulf War Information Helpline at 1-800-PGW-VETS (1-800-749-8387).

For additional information about VA's program initiatives concerning these veterans, see the home page for VA's Environmental Agents Service at www.va.gov/environagents.

OIF and OEF veterans who **encounter difficulties** at a VA medical facility can contact the "**patient advocate**" at that facility for assistance in resolving the problem. The medical center telephone operator should have the telephone number.

Representatives of **veterans service organizations**, including the American Legion (1-800-433-3318), Veterans of Foreign Wars of the United States (1-800-VFW-1899), Disabled American Veterans (1-877-426-2838), etc., have been very helpful to Gulf War veterans, especially veterans who are seeking disability compensation. (These organizations are cited as examples. There are many other excellent organizations. VA does not endorse or recommend any one group over another.)

County Veterans Service Officers also have been of great help to many military veterans, including those who served in the Gulf War, who are seeking benefits they earned through their service to the Nation.

For additional **Federal benefit** information, see VA's *Federal Benefits for Veterans and Dependents* booklet. It is updated annually to reflect changes in law and policies. It is available for purchase from the U.S. Government Printing Office, Superintendent of Documents, Washington, DC 20402, Web site: bookstore.gpo.gov. VA's World Wide Web pages are updated throughout the year to present the most current information.

The VA home page (www.va.gov) contains links to selections on compensation and pension benefits, health care benefits and services, burial and memorial benefits, etc.



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**OPERATIONS IRAQI FREEDOM/
ENDURING FREEDOM REVIEW**

*Information for Veterans Who
Served in Iraq and Afghanistan*

December 2003